

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobhyist() Frank Guinta				
II. Name of lobbyist?	partnership, firm	or corporation, if a	ny:		
ML Strategie	s, LLC				
(Nan	ne of partnership, firm	or corporation)			
701 Pennsylvania Av	ve NW	Washington,	DO	,	20004
Business Address: (Str	ect)	(Town/City)		(State)	(Zip Code)
(202) 296-3622	(202) 434-7400	С	mail: fcg	uinta@mistrategies.com
(Telephone)		(Fax)			
reportable expense tr	ansactions which as	re not attributable	to any one elicnt)),	may file a separate report for the following client:
•		Granite Recovery Ce	enters		
<u> </u>	(Full Name of Client	as it appears on the Le	obbyist Registration	Form)	
OR All reportable trans unrelated to any partic	•	st (including the lob	obyist's family), o	r the lobby	ving firm listed helow which are
IV. Date of Report Reports cover: activi	April 25, 2018	ation to 3/31/18	July 25, activity from 4/1	/18 10 6/30	V) 8
,	October 31, 2018 activity from 7/1/18 to	9/30/18 1	January activity from 16		/31/18
V. There have been					
If this box is checked, a Concord, NH 03301.	complete just this for	m and submit it to t	he Secretary of Sta	ite's Offici	e, State House, Room 204,
VI. Check If additional	al reports are attacked fees or made expe		file Addendum A	Fees and	i Expenses /
If you have paid as	n honorarium or reim	ibursed expenses, yo	ou must file Adde	ndum B-	Report of Honorariums or
Expense Reimburseme If you, your firm,		ade political contrib	utions, you must i	île Adder	adum C- Political Contributions
	irmation by Lobbyi: SA 15-B, RSA 14-C st of my knowledge	and RSA 664 and h	creby swear or aff		ne foregoing information is true
(Signature of lobbyist)		<u> </u>			Date)
Emak Guises		RE	CEIVED		
Frank Guinta (Print Name of lobby)	st)		त्र 3 1 <u>२</u> ०18		

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Frank Guinta	
II. Name of lobbyist's partnership, firm or corporation, if any:	
ML Strategies, LLC (Name of partnership, from or corporation)	
III. Name of Client Granite Recovery Centers	Date <u>10/31/18</u>
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greened by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 10,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ 0
c) Total of all fees received to date (Add lines a and b)	c) \$ 10,000
 Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$ 10,000
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reffecs. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this repeating any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses pair agenses; (b) the aggregate total of all le: meals purchased during a businesses than \$10 that is given to the personed with a value of \$25.00 or less); and orting period of greater than \$25.00 four of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 10,000
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period	d) \$ 10,000
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	c) S 0
f) Total of all expenses year to date	f) \$ 10,000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	S
	S
	\$
	\$
	\$
	\$
\$\$ \$494	,1
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
(Signature of Johnset)	10/31/18
(Signature of lobbyist)	(Date)
Frank Guinta (Print Name of lobbyist)	
(**************************************	



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

ML Strat	egies, LLC		
(Name of parme	rship, firm or corporation)		
II. Name of Client <u>Granite Re</u>	ecovery Centers	Da	ate 10/31/18
olitical Contributions or cach political contribution lient/lobbyist and lobbying	on that is reportable p	oursuant to RSA Chap llowing:	ter 664 paid on behalf of the
ull name of candidate: Ma	thieu	Jean	Add N. St. of Stab
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution: \$200		Office Candidate	is Seeking: State Representative
Full name of candidate:	(Last Name)	(First Name)	(Middle Namc/Initial)
Full name of candidate:	(Last Name)	(First Name)	
Full name of candidate: Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contr	(Last Name) I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the 200	(Middle Namc/Initial)
Full name of candidate: Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contr	(Last Name) I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the 200	(Middle Name/Initial) s Seeking ds or services provided, and enter the
Full name of candidate: Amount of contribution \$	(Last Name) I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the 200	(Middle Name/Initial) s Seeking ds or services provided, and enter the

(turn over to continue →)

If the contribution is an in-kind contribution, provide a description of	the goods or services provided, and enter the
actual cost of the in-kind contribution on the line above for amount o	of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions	on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swea	er or affirm that the foregoing information
is true and complete to the best of my knowledge and belief.	
Frul Munt	10/11/10
/ rus ryum	10/31/18
(Signature of lobbyist)	(Datc)
Frank Guinta	
(Print Name of lobbyist)	

OTI

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

	ffirmation by Lobby te and Expenses for:		
Name of Lobbying pa	rtnership, firm, or corpo	oration: ML Strategies, LI	<u>.c</u>
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or c	orporation and not related to any
particular client): Gran	nite Recovery Centers		
Date of Report (check	one):		
April 25, 2018 🗆	July 25, 2018 🗆	October 31, 2018 □√	January 30, 2019 🗆
I have read RSA 15, the following Addend submitted):	RSA 15-B, RSA 664, the lums submitted with the	he Statement of Income and at Statement (insert the nu-	d Expenses described above, and mber of Addendum forms being
/ Addendum A	u(s).		
Addendum B(s).		
/ Addendum C	C(s).		
I hereby swear or afficomplete to the best o	rm that the foregoing in f my knowledge and be	aformation on the Statement lief.	and each Addendum is true and
Jul	Munt	10/31/	(Date)
(Signature of lobbyist) ((Date)
Frank Guinta	· · · · · · · · · · · · · · · · · · ·		
(Dries Norma of Johhari	67)	•	